

CUSTOMIZED CHDP MATERIALS ORDER

Date	Ship to	County	Contact person
Address (number, street—no P.O. Boxes)		City	State ZIP code
Authorized signature (if not sent via e-mail)	E-mail address	Phone number ()	Fax number ()

CHDP Informing Brochures

Type or print clearly the contact information below that you would like printed on the brochures. If left blank, no imprint will be printed.

Name to be imprinted

Address (number, street)

City

State

ZIP code

Telephone number

()

CHDP Gateway Post-Visit Flyers

Type or print clearly the contact information below that you would like printed on the flyers. If left blank, no imprint will be printed.

Name to be imprinted

Address (number, street)

City

State

ZIP code

Telephone number

()

LANGUAGE(S)	QUANTITY	PAPER COLOR
Armenian		
Cambodian		
Chinese		
English		
Farsi		
Hmong		
Lao		
Russian		
Spanish		
Vietnamese		

LANGUAGE	QUANTITY
English/Spanish	

SUBMITTING YOUR ORDER

Informing brochures are processed on a flow basis and take between two and three weeks to arrive. Post-visit flyers are processed on the 15th day of every month and will arrive after the 20th of the following month.

Send your completed order form using one of the following methods:

U.S. Mail

Karl Halfman
Program Operations Section
Children's Medical Services Branch
MS 8102
P.O. Box 942732
Sacramento, CA 94234-7320

FAX

916-327-5743

E-mail

khalfman@dhs.ca.gov

CMS USE ONLY

Informing Date DHS 54 sent: _____
Control number: _____

Gateway Date DHS 54 sent: _____
Control number: _____